



**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR RELICENSURE -
PROFESSIONAL LAND SURVEYOR**

This application is to be completed only if your license has "Expired".

If you are in doubt regarding the status of your license, please telephone the Board office; (573) 751-0047.

This application must be typewritten and all requested information must be provided.

Your most recent four years of experience must be reported by completing the Experience Log. Verification of your experience is required **ONLY** if your license has been expired for a period of five years or longer. Faxed, scanned or photocopies of experience logs are **not** acceptable.

In addition to the Professional Development Unit Reporting Form, attach a copy of documents supporting completion of the professional development units required within the preceding two years of this application date.

If you have served on full-time active duty in the military during the preceding two calendar years, you may apply for relicensure without completing the PDU requirement for the period during which you served; however, you must submit a copy of your active duty orders or discharge papers.

Attach a check or money order in the amount of \$200 made payable to the Missouri Board for Professional Land Surveyors. The \$200 relicensure fee is non-refundable. A pending application will be retained in the Board office for one year from the date it was received.

Completed relicensure applications are processed in the order of receipt in as timely a manner as possible. Processing time varies depending on the volume of applications awaiting review and other responsibilities of the Board office.



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR RELICENSURE AS A
PROFESSIONAL LAND SURVEYOR**

MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS,
PROFESSIONAL LAND SURVEYORS AND
PROFESSIONAL LANDSCAPE ARCHITECTS

(ALL INFORMATION ON THIS SHEET MUST BE TYPEWRITTEN - FAXED, SCANNED OR PHOTOCOPIES NOT ACCEPTABLE)

| | |
|-----------------------|-----------------------------------|
| NAME | LICENSE NUMBER |
| ADDRESS | TELEPHONE NUMBER |
| ADDRESS | E-MAIL ADDRESS - REQUIRED |
| CITY, STATE, ZIP CODE | SOCIAL SECURITY NUMBER - REQUIRED |

TO: MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS,
PROFESSIONAL LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS
3605 MISSOURI BOULEVARD, SUITE 380
JEFFERSON CITY, MISSOURI 65109

I hereby apply for relicensure as a professional land surveyor under my original number _____, on the basis of information contained in my original application for license and on which my license was originally granted.
Please check the appropriate box below:

- ☐ **ACTIVE** (I hereby certify that I have successfully completed 20 professional development units within the preceding two years of this application date. Documentation verifying completion of the required PDUs is submitted.)
- ☐ **INACTIVE** (I hereby certify that I have not completed the required number of professional development units within the preceding two years of this application date; therefore I am placing my license on an Inactive status.)

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON LICENSEE

| | YES | NO |
|---|-----|----|
| Have you been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of this or any other state or of the United States whether or not sentence was imposed including suspended imposition of sentence, suspended execution of sentence and misdemeanor charges that you have not previously disclosed to this Board? If "YES", please submit a copy of the charges, findings and order with this application. | | |
| In any other licensing jurisdiction, have you been the subject of disciplinary action, or entered into any type of settlement agreement, providing for any limitation on your ability to practice, or monetary penalty or payment of costs that you have not previously disclosed to this Board? If "YES", please submit a copy of the charges, findings, and order with this application. | | |

Pursuant to Section 324.010 RSMo:

- ☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

I, the undersigned applicant for relicensure by the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects as a PROFESSIONAL LAND SURVEYOR, on my oath, or affirmation, and the purpose of securing such relicensure, declare that the statements and representations made in the foregoing application are true.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

Attach the \$200 relicensure fee in the form of a check or money order made payable to Missouri Board for Professional Land Surveyors.

FOR BOARD USE ONLY

| | | |
|------------|-----------|--------|
| CHECK DATE | CHECK NO. | AMOUNT |
|------------|-----------|--------|



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
**EXPERIENCE LOG –
PROFESSIONAL LAND SURVEYOR RELICENSURE**

MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS,
PROFESSIONAL LAND SURVEYORS AND
PROFESSIONAL LANDSCAPE ARCHITECTS

THIS FORM MAY BE REPRODUCED

| | |
|--|----------------------------|
| APPLICANT'S NAME | APPLICANT'S SIGNATURE ▶ |
| EMPLOYER FOR THIS ENGAGEMENT (PLACE OF EMPLOYMENT) | EMPLOYER TELEPHONE NUMBER |
| EMPLOYER ADDRESS | |

INSTRUCTIONS (ALL INFORMATION IN THIS SECTION MUST BE TYPEWRITTEN - FAXED, SCANNED OR PHOTOCOPIES ARE NOT ACCEPTABLE)

List the engagement (place of employment), dates of employment, title of position, character and description of your work and total amount of time. If you are a president or vice president of a firm or if you are self-employed, experience must be verified by at least **three** of your major clients. A separate experience log should be completed for each client.

Have a supervising licensed professional land surveyor, supervisor or client, complete verification below **ONLY** if your license has been expired for a period of five years or longer.

A **separate** sheet **must** be used for **each** engagement (place of employment) or client. If additional sheets are necessary, please have the appropriate supervising licensed professional land surveyors, supervisors or clients sign and date the attached sheets (if your license has been expired for a period of five years or longer.)

| ENGAGEMENT NUMBER (PLACE OF EMPLOYMENT) | DATE | | TITLE OF POSITION, NAME OF EMPLOYER, CHARACTER AND DESCRIPTION OF EACH ENGAGEMENT (PLACE OF EMPLOYMENT). State definitely the CHARACTER AND DESCRIPTION of your work. Any necessary amplifications may be made on extra sheets of paper attached to this sheet. You MUST state clearly what you did. | TIME AT THIS ENGAGEMENT (PLACE OF EMPLOYMENT) (USE YEARS AND MONTHS) | | | |
|--|-----------------|---------------|--|---|-------|---|----------------------------|
| | FROM MO./YR. | TO MO./YR. | | LAND (BOUNDARY) SURVEYING | | DESIGN OR CONSTRUC- TION SURVEYING | TOTAL LAND SURVEYING |
| | | | | OFFICE | FIELD | | |
| | | | | | | | |

VERIFICATION OF SUPERVISING LICENSED PROFESSIONAL LAND SURVEYOR, SUPERVISOR OR CLIENT
(INFORMATION IN THIS SECTION DOES NOT NEED TO BE TYPEWRITTEN)

By my signature, I hereby verify that the above record of experience of this candidate is to the best of my knowledge and belief a true and accurate record of his/her work experience.

SUPERVISING LICENSED PROFESSIONAL LAND SURVEYOR, SUPERVISOR OR CLIENT'S NAME (PLEASE PRINT)

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

PLEASE GIVE YOUR LICENSE NUMBER AND WHICH STATE YOU ARE LICENSED IN

HOW LONG HAVE YOU BEEN ACQUAINTED WITH THE APPLICANT AND IN WHAT CAPACITY?

COMMENTS



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
PROFESSIONAL DEVELOPMENT UNIT REPORTING FORM
PROFESSIONAL LAND SURVEYOR RELICENSURE
FOR THE PERIOD JANUARY 1, _____ THROUGH DECEMBER 31, _____

MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL
ENGINEERS, PROFESSIONAL LAND SURVEYORS AND
PROFESSIONAL LANDSCAPE ARCHITECTS

Missouri law requires that each Professional Land Surveyor licensed in the state of Missouri must meet professional development requirements as a condition for relicensure. Each licensee must complete **Part II** of the form furnishing the details of PDUs earned; then must summarize these units in **Part I**; then must certify, sign and seal **Part III**. This form is being provided for your use to document your PDUs and can be duplicated if necessary. It is to be retained as part of your records for a period of four years. **All documentation supporting your professional development must be submitted along with a copy of this form.**

All licensed Professional Land Surveyors are required to have obtained a minimum of 2 PDUs in Surveying Standards (20 CSR 2030, Chapters 16, 17 and 19) during the two-year period immediately preceding renewal. (See Board Rule 20 CSR 2030-8.020)

PART I, ACTIVITY & SUMMARY OF CREDITS

| ACTIVITY | PDUs | PDUs CLAIMED |
|---|--|---------------------|
| 1. Successfully completing (grade other than F) college or university course or credit. | 1 Semester Hr. = 30 PDUs 1 Qtr. Hr. = 20 PDUs | |
| 2. Successfully auditing or "hearing" college or university course. | 1 Semester Hr. = 10 PDUs 1 Qtr. Hr. = 6.6 PDUs | |
| 3. Successfully completing courses which are awarded Continuing Education Units (CEUs). | 1 CEU = 10 PDUs | |
| 4. Active participation and successful completion of seminars, tutorials, workshops, short courses, correspondence courses, or televised or videotaped courses. | 1 PDU per contact hour | |
| 5. Attending program presentation at related technical or professional meetings. | 1 PDU per contact hour | |
| 6. Teaching or instructing qualifying courses or seminars or making presentations of technical meetings. | For original instruction, 2 times the PDUs earned by participant. For subsequent instruction, 1 PDU for each PDU earned by participant; however, no licensee shall earn more than 10 PDUs. | |
| 7. Authoring papers or articles after being published in nationally circulated technical journal or trade magazines. | 5 PDUs each | |
| 8. Active participation and successful completion of a Surveying Standards Course/Seminar during THIS reporting period. | 1 PDU per contact hour | <u>PDUs CLAIMED</u> |
| 9. Active participation and successful completion of a Surveying Standards Course/Seminar during THE PREVIOUS reporting period. (<i>This is for record keeping only. Hours earned in the previous reporting period can not be claimed again this reporting period.</i>) | 1 PDU per contact hour | <u>PDUs CLAIMED</u> |

SUMMARY

- (a) Total PDUs earned in personal contact activities (**at least 8 PDUs**) during this reporting period
- (b) Total PDUs earned in non-personal contact activities (**not to exceed 12 PDUs**) during this reporting period
- (c) Total PDUs carried forward from prior reporting period (**not to exceed 10 PDUs**)
- (d) Total of (a), (b), and (c) above (**must be a minimum of 20 PDUs**)
- (e) Total to be carried forward to next year
[Total from (d) minus 20 providing no more than a carry over of 10 may be claimed]

(ALL INFORMATION IN THIS SUMMARY MUST BE TYPEWRITTEN - FAXED, SCANNED OR PHOTOCOPIES NOT ACCEPTABLE)

PART II – DETAILED LIST OF ACTIVITIES

For the period January 1, _____ through December 31, _____

| DATE(S) OF ACTIVITY | SPONSORING ORGANIZATION AND LOCATION OF ACTIVITY | ACTIVITY (TITLE, DESCRIPTION, INSTRUCTOR) | PDUs CLAIMED | PDUs BOARD PREAPPROVED? YES OR NO |
|--------------------------|---|--|-----------------|---|
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| TOTAL PDUs (THIS REPORT) | | | | |

PART III – CERTIFICATION

I hereby certify the summary of credits given above is correct and that I have earned the credits stated.

Affix your seal, signature, and date here: